

ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION            | INITIALS | IS NO. | DATE   |
|---------------------|----------|--------|--------|
| FEE DETERMINATION   | PH       | 70591  | 7/22   |
| O.I.P.E. CLASSIFIER |          | 59     | 72.6   |
| FORMALITY REVIEW    | HC       | 71470  | 8/4/99 |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1              | 10/27/06 |
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| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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